

General

Title

Palliative care for adults: percentage of clinicians who have training in the use of scripting for palliative care discussions.

Source(s)

McCusker M, Ceronsky L, Crone C, Epstein H, Greene B, Halvorson J, Kephart K, Mallen E, Nosan B, Rohr M, Rosenberg E, Ruff R, Schlecht K, Setterlund L. Palliative care for adults. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Nov. 81 p. [92 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Structure

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of clinicians in the clinic who work with patients age 18 years and older who have training in the use of scripting for palliative care discussions.

Rationale

The priority aim addressed by this measure is to improve the effectiveness and comfort level of the primary care clinician in communicating the necessity and benefits of palliative care with those patients with a serious illness.

Clinicians provide palliative care through effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care according to patient and family needs, values, beliefs and culture(s) (Lorenz et al., 2008). The National Consensus Project (2013), National Quality Forum (2012) and the Joint Commission have outlined systematic components of palliative care services to

support these outcomes. By intervening at the onset of a serious illness, health care professionals can assure that appropriate interventions are offered to meet the goal of reducing the burden of disease and maximizing the quality of life.

Many clinicians believe they lack confidence and experience in discussing with patients the issues and decisions that come with having a serious illness – specifically recommendations about palliative care and hospice services. This may involve delivering "bad news," as well as answering questions that may not have specific answers.

In the absence of more formal education, the more a clinician prepares for discussions surrounding palliative care and puts that preparation into practice, the more skilled and comfortable that clinician can become in this aspect of medical care.

There are several excellent mnemonics available to help clinicians increase their knowledge, practice examples of these discussions, and generally obtain a better understanding of the emotions, questions and problems that may arise with patients and families at this time in their lives.

Evidence for Rationale

Lorenz KA, Lynn J, Dy SM, Shugarman LR, Wilkinson A, Mularski RA, Morton SC, Hughes RG, Hilton LK, Maglione M, Rhodes SL, Rolon C, Sun VC, Shekelle PG. Evidence for improving palliative care at the end of life: a systematic review. *Ann Intern Med.* 2008 Jan 15;148(2):147-59. [152 references] [PubMed](#)

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National Consensus Project for Quality Palliative Care. Clinical practice guidelines for quality palliative care. 3rd ed. Pittsburgh (PA): National Consensus Project for Quality Palliative Care; 2013. 70 p.

National Quality Forum. National voluntary consensus standards: palliative care and end-of-life care – a consensus report. Washington (DC): National Quality Forum; 2012 Apr. 66 p.

Primary Health Components

Palliative care; serious illness; clinician training; scripting

Denominator Description

Number of clinicians who work with patients with a diagnosis of a serious illness (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of clinicians with training in the use of scripting for palliative care discussions

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

[Palliative care for adults.](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

Does not apply to this measure

Target Population Gender

Does not apply to this measure

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

End of Life Care

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The time frame pertaining to data collection is monthly.

Denominator Sampling Frame

Professionals/Staff

Denominator (Index) Event or Characteristic

Health Professional Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of clinicians who work with patients with a diagnosis of a serious illness that includes but is not limited to:

- Pulmonary disease

- Cancer/neoplasm

- Liver disease

- Renal disease

- Neurological disorders:

 - Stroke

 - Parkinson's

 - Amyotrophic lateral sclerosis

 - Multiple sclerosis

Data Collection: Identify a subset of clinicians through a survey in the clinic who work with patient population age 18 years and older with a serious illness.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of clinicians with training in the use of scripting for palliative care discussions

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Health professional survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Percentage of clinicians who have training in the use of scripting for palliative care discussions.

Measure Collection Name

Palliative Care for Adults

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: Martha McCusker, MD, FACP (*Work Group Leader*) (Hennepin County Medical Center) (Internal Medicine/Geriatrics); Becky Nosan, NP (Allina Medical Clinic) (Family Medicine/Palliative Care);

Erin L. Rosenberg, LICSW (Allina Medical Clinic) (Social Worker); Joe Halvorson, RN (Essentia Health) (Nursing); Lyn Ceronsky, DNP, GNP-BC, FPCN (Fairview Health Services) (Family Medicine/Geriatrics); Ken Kephart, MD (Fairview Health Services) (Family Medicine/Geriatrics); Mabel Rohr, CNP (HealthPartners Medical Center and Regions Hospital) (Family Medicine/Geriatrics); Rob Ruff, BCC (HealthPartners Medical Center and Regions Hospital) (Chaplain); Chuck Crone (Patient Representative); Barbara Greene, MPH (Twin Cities Medical Society) (Cultural Care); Kristina Schlecht, MD (University of North Dakota Center for Family Medicine); Howard Epstein, MD, FHM (Institute for Clinical Systems Improvement [ICSI]) (Chief Health Systems Officer); Emily Mallen, MBA (ICSI) (Project Manager); Linda Setterlund, MA, CPHQ (ICSI) (Clinical Systems Improvement Facilitator)

Financial Disclosures/Other Potential Conflicts of Interest

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Where there are work group members with identified potential conflicts, these are disclosed and discussed at the initial work group meeting. These members are expected to recuse themselves from related discussions or authorship of related recommendations, as directed by the Conflict of Interest committee or requested by the work group.

The complete ICSI policy regarding Conflicts of Interest is available at the [ICSI Web site](#)

Disclosure of Potential Conflicts of Interest

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National, Regional, Local Committee Affiliations: CAPC Advisory Council, MN Network Hospice and Palliative Care, National Board Certification Hospice and Palliative Nursing

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: Paid consultant to Stratis Health and CAPC

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Chief Health Systems Officer, Institute for Clinical Systems Improvement (ICSI)

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Guideline Related Activities: None

Research Grants: Primary investigator for a *Choosing Wisely*® grant from the ABIM Foundation

Financial/Non-Financial Conflicts of Interest: None

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Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

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Guideline Related Activities: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None

Guideline Related Activities: None

Research Grants: None

Financial/Non-Financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2013 Nov

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2017.

Measure Availability

Source available for purchase from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#)

. Also available to ICSI members for free at the [ICSI Web site](#)

and to Minnesota health care organizations free by request at the [ICSI Web site](#)

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NQMC Status

This NQMC summary was completed by ECRI Institute on April 28, 2014.

The information was reaffirmed by the measure developer on January 10, 2017.

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Production

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